PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 11/16/2007

8791

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, dyanter orders and notification of maintenance fees will be mained to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by dispertiying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of smalling or transmission.

Certificate of Mailing or Transmission

| BLAKELY SOKOLOFF TAYLOR & ZAFMAN 1279 OAKMEAD PARKWAY SUNNYVALE, CA 94085-4040 | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | |
|--|--|---|--|---|---|--|
| | | | | | | (Deposingr's name) |
| | | | | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | . / | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/697,861 TITLE OF INVENTION | 10/29/2003 R: GALLIUM-BASED S | SUPERCONDUCTING | Matthew J. Holcomb COMPOSITE | | 004309,P023 | 9747 |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$720 | \$300 | SO | \$1020 | 02/19/2008 |
| EXAMINER | | ARTUNIT | CLASS-SUBCLASS | 1 | | |
| VIJAYAKUMAR, I | KALLAMBELLA M | 1793 | 505-452000 | • | | |
| 1. Change of correspondence address or indication of "Fce Address" (37 CFR 1.353). Change of correspondence address (or Change of Correspondence Address form FTO/SB/12) altached. PFce Address "indication (or "Fce Address" Indication form FTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents CR, alternatively. (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Nove! Techn | less an assigned is ident th in 37 CFR 3.11. Comp | ified below, no assigned pletion of this form is NO | (B) RESIDENCE: (CITY Metamora, Mi | atent. If an assignee assignment. and STATE OR CO | | |
| | | | the Payment of Pec(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director is hereby sutherized to charge the required flee(s), any deficiency, or credit any enveryament, to Deposit Account Number. □ 22-25.6.6 (enclose an extra copy of this form). | | | |
| | is SMALL ENTITY state | us. See 37 CFR 1.27. | b. Applicant is no lon | ger claiming SMALL | . ENTITY status. See 37 CF | R 1.27(g)(2). |
| Authorized Signature | | m & KUL | | DateRegistration No. | February 15, 200 | 8 |
| This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223 | tation is required by 37 C tiality is governed by 35 d application form to the ions for reducing this but friginis 22313-1450. DC 113-1450. | FR 1.311. The informat U.S.C. 122 and 37 CFR USPTO. Time will var rden, should be sent to to NOT SEND FEES OR | ion is required to obtain or r 1.1.4 This collection is est y depending upon the indivi- tion of the collection of the COMPLETED FORMS TO | ctain a benefit by the imated to take 12 mi idual case. Any com r, U.S. Patent and Tr) THIS ADDRESS: | public which is to file (and nutes to complete, including ments on the amount of tin ademark Office, U.S. Dopa SEND TO: Commissioner fi | by the USPTO to process) gathering, preparing, and to you require to complete rtment of Commerce, P.O. for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.